

UNITED STATES DISTRICT COURT for
the MIDDLE DISTRICT OF PENNSYLVANIA

(7)
me
4/2/01

MOTION FOR PRE-TRIAL HEARING (L.R. of Court 7.1.)

Michael E. Kucewicz
Plaintiff

v.

1) JANET RENO - U.S. ATTORNEY GENERAL
2) FEDERAL BUREAU OF PRISONS
3) HEALTH SERVICES ADMINISTRATOR at
U.S.P., LEWISBURG

01-CV-42
Kane (MJ McKinnon)

FILED
SCRANTON

FEB 07 2001

PER Amo
DEPUTY CLERK

IN A CLAIM OF CIVIL RIGHTS VIOLATION(S)
INCLUDING DELIBERATE INDIFFERENCE TO MY MEDICAL
NEEDS, VIOLATION OF MY 8TH AMENDMENT
PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT
AS WELL AS POOR PRISON CONDITIONS, THIS MOTION
WILL ALSO PROVE COMPLIANCE TO LOCAL RULE 7.3. by the
ENCLOSED DOCUMENTS.

I PRAY THAT MY MOTION IS GRANTED.

Michael E. Kucewicz, Pro se
05 FEB 2001

UNITED STATES DISTRICT COURT for the MIDDLE DISTRICT of PENNSYLVANIA

ALLEGATIONS OF FACTS RELIED UPON IN SUPPORT OF PRE- TRIAL MOTION.

Michael E. Kucawicz, prose
Plaintiff

V.
JANET RENO, U.S. ATTY. GEN.

FEDERAL BUREAU OF PRISONS

HEALTH SERVICES ADMINISTRATION, U.S.P. LEWISBURG

01-CV-42

FILED
SCRANTON

FEB 07 2001

PER DMG
DEPUTY CLERK

- 1) ON AUGUST 16, 2000, I ENTERED WYATT DETENTION FACILITY FOR FEDERAL INMATES, IN RHODE ISLAND,
- 2) AFTER CONSULTATION WITH PHYSICIANS THERE, I WAS CONTINUED ON MY ANTI-SEIZURE MEDICATIONS - DEPAKOTE, KLONOPIN, + PHENOBARB,
- 3) ONE WEEK LATER I ENTERED M.D.C. - BROOKLYN, NY (FOR FEDERAL INMATES TO AWAIT DESIGNATION BY THE FEDERAL BUREAU OF PRISONS, TO LEWISBURG U.S.P.) MY MEDICATIONS WERE CONTINUED,
- 4) UPON ARRIVAL AT U.S.P. LEWISBURG IN EARLY SEPTEMBER, 2000, UNTIL THIS DAY I HAVE BEEN HARASSED, THREATENED TO BE TAKEN OFF MY MEDICATIONS BECAUSE THE "BCP DOES NOT USE THEM ANYMORE" I HAVE ALSO BEEN TOLD THEY ARE HIGHLY ADDICTIVE,
- 5), THE ONLY SPECIALISTS I'VE MET HERE WERE VIA "TELE-HEALTH", A SATELLITE LINKUP BETWEEN MY ROOM AND A PHYSICIAN IN MISSOURI. HE GAVE BRIEF INSTRUCTIONS TO A P.A. BOILER HERE TO CHECK MY EYES, AND REFLEXES,
- 6) I SIGNED SEVERAL CONSENT FORMS TO MY PREVIOUS DOCTORS "ON THE STREET" TO RELEASE MY MEDICAL RECORDS. I HAVE BEEN TOLD NONE HAVE BEEN RECEIVED,
- 7) ADMINISTRATIVE REMEDIES WITHIN THE INSTITUTION HAVE BEEN SOUGHT, BUT ALL, INCLUDING THE WARDEN SEEM TO CONCUR WITH THE TELE-HEALTH SERVICES,
- 8) ON 1/25/00, I BROKE MY RIGHT KNEE AND DR. SALAM AND AN UNTRAINED PROPERTY OFFICER PLACED MY LEG IN A CAST. TODAY I SUFFER GREAT PAIN.
- 9) THE P.A.'S REFUSE TO BRING ME PAIN MEDS. I ALSO SUFFER FROM BLEEDING HEMORRHOIDS

(cont.)

OF ALL INMATES "IS IT THIS SIG? - THEN DON'T WORRY ABOUT IT."

10.) I HAVE BEEN IN ISOLATION 23-24/HR LOCK DOWN SINCE 12/15/00 BECAUSE I WAS ASSAULTED BY ANOTHER INMATE AND HAVE REPEATEDLY BEEN TOLD "MY POINTS ARE LOWERED" AND "I'M GOING TO A MEDIUM".

11.) INMATES ARE ALLOCATED JUST 1 ROLL OF TOILET PAPER PER WK, AND HAVE BEEN TOLD BY STAFF "USE OUR SHIT"

THE FOLLOWING REMEDIES ARE SOUGHT:

- 1) \$200,000 IN PUNITIVE DAMAGES
- 2) GUARANTEED COVERAGE OF ANY POSSIBLE FUTURE OPERATIONS TO KNEE.
- 3) RELEASE FROM U.S.P. LEWISBURG TO ANOTHER INSTITUTION FOR THE REMAINDER OF MY 25 MONTH SENTENCE — OUT OF SEGREGATION
- 4) ONE-ON-ONE PERSONAL CONSULTATION WITH A NEUROLOGIST/SEIZURE SPECIALIST, AS WELL AS AN INDEPENDENT ORTHOPEDIST FOR MY KNEE.
- 5) CONTINUED MAINTENANCE ON PRESCRIBED DRUGS, WITH NO "TAPERING" UNLESS RECENT E.E.G. SUGGESTS THERE WILL BE NO HARM / SIGNIFICANT RISK OF SEIZURE.

Michael E. Kucany, PRO SE.
05 JAN 2001

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

26P
REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: KUCIEWICZ, MICHAEL E. 13513-014 6-323 LEWISBORO L.P.
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

- 1) for an evaluation of decision rendered by BP-5 investigator.
- 2) for an "outside" or independent neurology consultation, to include evaluating my seizure/epilepsy history, an examination "one-on-one", which may include E.E.G. or CT scan of the brain as my past primary care providers have conducted.
- 3) To Remain on my current anti-epileptic/anti-panic/anxiety medications until such time a "one-on-one" physician (neurologist) states otherwise, or pending outcome of injunction sought, and sent filed. (See Kuciewicz v. USA, et al.)
- 4) To have B.O.P. abide by Above neurologist's decision, or any court order, despite any transfer to another facility outside the District of Middle Pennsylvania. Thank you.

28 Dec 00

DATE

Michael E. Kuciewicz

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 230209-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

Admin. Remedy No.: 230209-F1
Part B - Response

ADMINISTRATIVE REMEDY RESPONSE

This is provided in response to your recent request for Administrative Remedy in which you request an "outside" or independent neurology consultation, to remain on your current medications until you have a "one-on-one" evaluation by a neurologist regarding your seizure disorder, and to have the Bureau of Prisons bound by the determination and orders of the "outside" neurologist. Specifically, you are concerned that the Bureau of Prisons will decrease or discontinue your Klonopin medication which you feel is a vital element of your seizure prophylaxis.

Your care is being provided by Bureau of Prisons medical staff with specialty consultation by outside physicians. You have had a number of evaluations by our consultant psychiatrist and consultation with an outside neurologist, in all cases by electronic audio-visual link-up (tele-health services). While you may not be in the same room with the consultant, this is a "one-on-one" consultation visit. In the case of psychiatry visits, your case has been presented by a licensed psychologist. In the case of your neurology visits, your case has been presented by a certified physician assistant.

Additionally, you have expressed concern regarding the Bureau's advising the tele-neurologist that the Bureau of Prisons discourages the use of Klonopin. Again, your care is being provided by Bureau of Prisons medical staff. It is appropriate to advise the consultant of our concerns regarding the use of Klonopin, an addictive drug similar to Valium. We will encourage our consultants to consider other, non-addictive or less-addictive anti-seizure medications as the first line of therapy. In your case, you are on three anti-seizure medications. Given this fact, and that you are on additional medication prescribed by a psychiatrist, please be aware that the neurologist may recommend that we taper your medication toward the goal of maintaining you on as few drugs as possible.

Based on the above, your request for administrative remedy has been partially granted. You have had a "one-on-one" evaluation with a neurologist, you are scheduled for the neurologist's recommended EEG study, and will return to the neurologist when these results are available. However, regarding your request that the Bureau of Prisons be bound by an outside neurologist's recommendations, the Bureau of Prisons is ultimately responsible for your care and, as such, will direct your care as determined appropriate.

If you are dissatisfied with this response, you may appeal to the Regional Director, United States Federal Bureau of Prisons, Northeast Regional Office, United States Customs House - Seventh Floor, Second and Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.


Donald Romine, Warden

1/19/01
Date

630 / KEFLEX

Special information**if you are pregnant or breastfeeding**

The effects of Keflex during pregnancy have not been adequately studied. If you are pregnant or plan to become pregnant, notify your doctor immediately. Keflex appears in breast milk and could affect a nursing infant. If this medication is essential to your health, your doctor may advise you to discontinue breastfeeding until your treatment is finished.

Recommended dosage**ADULTS****Throat, Skin, and Urinary Tract Infections**

The usual adult dosage is 500 milligrams taken every 12 hours. Cystitis (bladder infection) therapy should be continued for 7 to 14 days.

Other Infections

The usual recommended dosage is 250 milligrams taken every 6 hours. For more severe infections, larger doses may be needed, as determined by your doctor.

CHILDREN**Keflex**

The usual dose is 25 to 50 milligrams for each 2.2 pounds of body weight per day, divided into smaller doses.

For strep throat in children over 1 year of age and for skin infections, the dose may be divided into 2 doses taken every 12 hours. For strep infections, the medication should be taken for at least 10 days. Your doctor may double the dose if your child has a severe infection.

For middle ear infection, the dose is 75 to 100 milligrams per 2.2 pounds per day, divided into 4 doses.

Keflab

Safety and effectiveness have not been established in children.

Overdosage

Any medication taken in excess can have serious consequences.

If you suspect an overdose, seek emergency medical treatment immediately.

Symptoms of Keflex overdose may include:

Blood in the urine, diarrhea, nausea, upper abdominal pain, vomiting

KLONOPIN / 631

Brand name:**KEFTAB**

See Keflex, page 627.

Generic name:**KEITOCOMAZOLE**

See Nizoral, page 849.

Generic name:**KETOPROFEN**

See Orudis, page 898.

Generic name:**KETOROLAC**

See Toradol, page 1263.

Brand name:**KLONOPIN****Pronounced:** KLON-uh-pin**Generic name:** Clonazepam**Why is this drug prescribed?**

Klonopin is used alone or along with other medications to treat convulsive disorders such as epilepsy. It is also prescribed for panic disorder—unexpected attacks of overwhelming panic accompanied by fear of recurrence. Klonopin belongs to a class of drugs known as benzodiazepines.

Most important fact about this drug

Klonopin works best when there is a constant amount in the bloodstream. To keep blood levels as constant as possible, take your doses at regularly spaced intervals and try not to miss any.

How should you take this medication?

Klonopin should be taken exactly as prescribed by your doctor.

Take Klonopin exactly as prescribed. If you are taking it for panic disorder and you find it makes you sleepy, your doctor may recommend a single dose at bedtime.

■ *If you miss a dose...*

If it is within an hour after the missed time, take the dose as soon as you remember. If you do not remember until later, skip the dose and go back to your regular schedule. Never take 2 doses at the same time.

■ *Storage instructions...*

Store at room temperature away from heat, light, and moisture.

■ *What side effects may occur?*

Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Klonopin.

■ *More common side effects in seizure disorders may include:*

Behavior problems, drowsiness, lack of muscular coordination

■ *Less common or rare side effects in seizure disorders may include:*

Abnormal eye movements, anemia, bed wetting, chest congestion, coated tongue, coma, confusion, constipation, dehydration, depression, diarrhea, double vision, dry mouth, excess hair, fever, fluttery or throbbing heartbeat, "glassy-eyed" appearance, hair loss, hallucinations, headache, inability to fall or stay asleep, inability to urinate, increased sex drive, involuntary rapid movement of the eyeballs, loss of or increased appetite, loss of voice, memory loss, muscle and bone pain, muscle weakness, nausea, nighttime urination, painful or difficult urination, partial paralysis, runny nose, shortness of breath, skin rash, slowed breathing, slurred speech, sore gums, speech difficulties, stomach inflammation, swelling of ankles and face, tremor, uncontrolled body movement or twitching, vertigo, weight loss or gain

Klonopin can also cause aggressive behavior, agitation, anxiety, excitability, hostility, irritability, nervousness, nightmares, sleep disturbances, and vivid dreams.

■ *Side effects due to rapid decrease or abrupt withdrawal from Klonopin may include:*

Abdominal and muscle cramps, behavior disorders, convulsions, depressed feeling, hallucinations, restlessness, sleeping difficulties, tremors

■ *More common side effects in panic disorder may include:*

Allergic reaction, constipation, coordination problems, depression, dizziness, fatigue, inflamed sinuses or nasal passages, flu, memory problems, menstrual problems, nervousness, reduced thinking ability, respiratory infection, sleepiness, speech problems

■ *Less common or rare side effects in panic disorder may include:*

Abdominal pain/discomfort, abnormal hunger, acne, aggressive reaction, anxiety, apathy, asthma attack, bleeding from the skin, blood clots, bronchitis, burning sensation, changes in appetite, changes in sex drive, confusion, coughing, difficulty breathing, dizziness when standing, ear problems, emotional changeability, excessive dreaming, excitement, fever, flushing, fluttery or throbbing heartbeat, frequent bowel movements, gas, general feeling of illness, gout, hair loss, hemorrhoids, hoarseness, increased salivation, indigestion, infections, inflamed stomach and intestines, lack of attention, lack of sensation, leg cramps, loss of taste, male sexual problems, migraine, motion sickness, muscle pain/cramps, nightmares, nosebleed, overactivity, pain (anywhere in the body), paralysis, pneumonia, shivering, skin problems, sleep problems, sneezing, sore throat, swelling with fluid retention, swollen knees, thick tongue, thirst, tingling/pins and needles, tooth problems, tremor, twitching, upset stomach, urinary problems, vertigo, vision problems, weight gain or loss, yawning

■ *Why should this drug not be prescribed?*

If you are sensitive to or have ever had an allergic reaction to Klonopin or similar drugs, such as Librium and Valium, you should not take this medication. Make sure your doctor is aware of any reactions you have experienced.

You should not take this medication if you have severe liver disease or the eye condition known as acute narrow angle glaucoma.

■ *Special warnings about this medication*

Klonopin may cause you to become drowsy or less alert; therefore, you should not drive or operate dangerous machinery or participate in any hazardous activity that requires full mental alertness until you know how this drug affects you.

If you have several types of seizures, this drug may increase the possibility of grand mal seizures (epilepsy). Inform your doctor if this occurs. Your doctor may wish to prescribe an additional anticonvulsant drug or increase your dose.